

The Curitiba Statement on Health Promotion and Equity: Italian version and analysis of criticalities

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Abstract

Background. The Curitiba Statement of health promotion and equity is the main result of the World Conference on International Union for Health Promotion and Education (IUHPE - UIPES), held in May 2016 in Curitiba. The Curitiba Statement is the outcome of a participatory process, result of collaboration of all conference participants. The Curitiba Statement represents the continuity from Ottawa Charter for Health Promotion. This document reminds and asks to International Organizations, Governments, at all levels of the Institutions, the Health Sector, Citizens and Health Professionals and Researchers to change and eliminate all forms of discrimination and exclusion.

Study design. Description of the translation and validation process

Methods. the translation process from Spanish and English is based on the translation techniques enumerated by Fawcett in 1997: borrowing, calque, literal translation, transposition, modulation, reformulation, adaptation.

Results. The translation process produced some critical issues shifting from English to Italian: the most critical words and expressions correspond to the more significant ones of the Curitiba Statement, and these issues are reflected in research, politics and practice. In particular, we analyzed the translation of Inequity, Advocate, and Players, and then discussed their use in different expressions in the original text.

Conclusions. Considering the Curitiba Statement's message has to be transversal, and it is addressed not only to Professionals but to all Citizens, researchers have made the choice of a clear translation for the Italian readers, not always similar to English form, but consistent and faithful in its content. To spread the culture and practice of Health Promotion, a deep attention in the translation of international documents could allow the propagation of ideas and strategies, from global to local.

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Introduction

The Curitiba Statement is the document drawn up during the World Conference of the International Union for Health Promotion and Education (IUHPE - UIPES) held in May 2016 in the Brazilian city bearing that name (1).

IUHPE - UIPES is a unique worldwide, independent and professional association of individuals and organisations committed to improving the health and wellbeing of the people through education, community action and the development of healthy public policy. This mission is pursued by building independent and global professional networks of people and institutions, encouraging the free exchange of ideas, knowledge, know-how and experiences, as well as the development of relevant and collaborative projects both at global and regional levels (2).

The drafting of The Curitiba Statement was a participatory process, and the result of all the people who participated in the Conference working together. During this event, some participants were also asked to play the role of rapporteur, for sessions where they themselves were not primarily engaged as speakers. The contributions of the various participants in the numerous sessions were thus collected, and became the basis for a specially formed Committee (3) to draft the Statement.

The Curitiba Statement focuses on how strengthening Health Promotion and reaching equity can improve people's lives, wherever they live, play and learn. The Statement arises from the increasing evidence of a link between health and other aspects related to human development in contemporary societies. Development based on a social and economic system that creates inequalities, in fact, is inconsistent with achieving health goals, and, as recognized in the Statement, health and equity are closely related (4-6).

Already in the Ottawa Charter, the first milestone among health promotion documents, drawn up on 21st November 1986 in Ottawa (Canada) at the end of the first International Conference on Health Promotion, the definition of health as a resource for everyday life, and not as a mere objective of the living, can be found.

In the Ottawa Charter, peace, housing, education, food, income, a stable ecosystem, sustainable resources, social justice and equity are identified as the vital requirements for life. Since this first document, the aim of Health Promotion is to achieve equity, aiming to reduce health differences and to ensure equal opportunities and resources for all. To achieve this goal, coordinated action is required by all those involved: governments, the healthcare sector, as well as other social and economic sectors, non-governmental organizations and volunteers, local authorities, industries and the media (7-9).

Health for all requires that public policy makes the healthiest choices the easiest to achieve and creates health-friendly environments. According to the Ottawa Charter, the role of politics is definite and indisputable, but it is the Community who has the key role in promoting health, through a process that gives it more power. It must define priorities, make decisions, implement strategies, build capacity, and so achieve a better level of health (10).

Thirty years after the Ottawa Charter, the Curitiba Statement is in line with this, as well as other Health Promotion documents, calling for international organizations, governments, at all institutional levels, the health sector, citizens, health professionals and researchers to change and eliminate all forms of discrimination and exclusion by promoting social rights and *Health for All* in an inclusive and sustainable world (11-15).

Curitiba's themes, brought to the general attention by the IUHPE - UIPES delegates, contributed to the debate at the 9th Global Conference on Health Promotion (Shanghai,

November 2016), during which a Paper was developed along the same themes, however focusing specifically on cities (16).

The Curitiba Statement is available on the IUHPE - UIPES website in either English or Spanish, and for this reason we decided to translate it into Italian, considering that the ideas within it must be disseminated and understood not only by researchers but by all public healthcare professionals and individual citizens of this Country.

Objective

In addition to providing a validated Italian translation of the Curitiba Statement, this work aims to discuss the critical issues arising from the translation of some words and concepts of the Health Promotion into Italian, in order to help define a unique language which could be used in the documentation.

Materials and methods

In the translation process from Spanish and English into Italian we used the translation techniques enumerated by Fawcett in 1997 (17): calque, literal translation, transposition, modulation, reformulation, adaptation. Transposition means rearranging a sentence's word sequence in order to satisfy grammatical rules; modulation is replacing original phrases with a set phrase, which has the same significance; reformulation is to express the same concept in a completely different manner; and, finally, adaption, which explains a concept in the source and target languages in a completely unique way, so it is appropriate to the culture of the recipients (17).

To check the translation, various dictionaries were used and compared, both in English, Spanish, and Italian, as well as Google translator and internet searches for idiomatic expressions in order to compare their meaning and the context in which one finds them (18-25).

The intercultural adaptation of the English and Spanish texts required several progressive phases: in the first phase, the Curitiba Statement was translated from Spanish and English, independently, by two researchers with large experience in Public Health and some experience in Health Promotion, both native Italian speakers with knowledge of both languages (26). Both researchers, in the first translation, noted their own critical issues. In the second phase, the two researchers met to work out a common draft version in Italian. Once completed, the draft was submitted to a third researcher, again a native Italian speaker, with a great deal of experience in Health Promotion and qualified as a Health Promotion Practitioner by the IUHPE - UIPES (27).

At this stage, the English version and the first Italian translation were compared for a second time, language criticisms were then reported and all the parts that were not considered to be close enough to the initial English text were translated again.

This text was then revised by a native Spanish health professional to assess any mistakes made in transition from Spanish to Italian, but no problems emerged.

In the third phase, the researchers who wrote the first draft met with the experienced researcher and a representative of the IUHPE - UIPES Global Board, who had also participated in the final draft of the Statement, and together they discussed the semantic and significance issues until they reached a mutual, culturally appropriate translation which adheres to the intrinsic meaning of the original text.

Since the Curitiba Statement is addressed to a wide audience, which includes not only health professionals but also communities, institutions representatives and policymakers, there was a great deal of importance given to making the intrinsic meaning of the text linguistically accessible to all the various recipients.

Results

Translating the text of the Curitiba Statement has led to some issues arising from the move from English to Italian, fundamental issues, reflected both in research, politics and practice (28).

The meaning of translation has been well-defined in literature by Larson (29) and its meaning goes beyond mere literal transposition, aiming instead at replicating meaning, according to the most congenial forms of the target language (17, 29).

During the translation process, it was possible to note that the most critical words and expressions corresponded to the most significant nodal words and expressions of The Curitiba Statement.

It is evident that translations into different languages differ in many respects and for this reason, we have discussed, in particular, the semantic yields of certain expressions, which we go on to analyse below.

Specifically, the translation of the words Inequity, Advocate, and Players were analysed.

1. Inequity: The term was translated according to the meaning stated in several English/Italian dictionaries and the actual meaning of the word was controlled using English dictionaries (30-33).

“Equity is a goal; continuing inequity in gender, race and ethnicity is a sign of system failure.”

“Austerity causes inequity: health is a human right and should not be treated as a commodity.”

The word “*iniquità*” was finally chosen as the translation, derived from the Latin *iniquitas-atis*, instead of “*inequità*”, a modern term, rarely used, which in Italian does not exist.

The introduction of the term “*inequità*” comes from the Encyclical Letter “*Laudato Si*”, devoted to look after the community by Pope Francis (34).

“*Iniquità*”, in fact, means the lack of equity and therefore injustice, however the Pontiff uses it in such a way that it acquires the values of wickedness, evilness, and sin.

Since the term “*inequità*” does not appear in the major Italian dictionaries, it was thought that one could faithfully translate the text with the word “*iniquità*”, to be sure not to mislead the meaning of the original document (35).

2. Advocate: it is the most critical translation node, and this is a problem that all Health Promotion documents suffer from, as it is impossible to find a single Italian term that encompasses its vast meaning. Possible translations to Italian range from “*raccomandare, auspicare, esortare, sostenere*”, “*essere fautori di, spingere per, propugnare, dirsi a favore di*”; even going as far as the stronger terms of “*sostenere, difendere, rappresentare, farsi portavoce*”.

To achieve a mutual translation, we decided to use the definition in the Italian version of the Health Promotion Glossary “*Advocacy for health*”: *A combination of individual and social actions designed to gain political commitment, policy support, social acceptance and systems support for a particular health goal or program.*

Reference: Report of the Inter-Agency Meeting on Advocacy Strategies for Health and Development: Development Communication in Action. WHO, Geneva, 1995.

Such action may be taken by and/or on behalf of individuals and groups to create living conditions which are conducive to health and the achievement of healthy lifestyles. Advocacy is one of the three major strategies for health promotion and can take many forms including the use of the mass media and multi-media, direct political lobbying, and community mobilization through, for example, coalitions of interest around defined issues. Health professionals

have a major responsibility to act as advocates for health at all levels in society (36).

Below are some examples of how the word advocacy is used in The Curitiba Statement:

To translate the term “**Advocate for**” several proposals emerged, and the discussion ended by choosing the term “*perorare*” in the first case (see 2.1), and “*promuovere*” in the second (see 2.2). This choice was made because the purpose of advocacy in the first case was to achieve a higher value, but in the second case, it referred to a strategy of practical order.

In the third case (see 2.3), the word “*adoperarsi*” was chosen, which in Italian is the equivalent for “work for, to be able to do, to endeavour”, all expressions that involve enabled and intended actions.

In the fourth case (see 2.4), the verb “*affermare*” was preferred because, more

than an appeal, it is the citizens stating their awareness of their potential.

The fifth case (see 2.5) was translated with “*far pressione*”, as the action of “advocacy” requires a bottom-up pressure on institutions.

Finally, in the last case (see 2.6), the action of “advocacy” above all expresses an appeal to all stakeholders involved, so we chose to translate it as “*auspichiamo*”, a word that encompasses the hope for future actions that will make change possible.

3. Players: “All players involved in the international, national and local arena”

The English version of the document uses the term “players” similar to “*giocatori*”; like in a team game, every athlete has a specific role, but everyone plays with equal dignity, without the position of one prevailing over the others, without protagonists, or secondary parts.

The Italian term “*giocatori*” is rarely used outside the context of sport, gambling,

Table 1 - Different translations of “Advocacy” from English to Italian

	English version	Traduzione italiana
2.1	“[...] we collectively advocate for the prioritization of democracy and human rights as essential conditions for the promotion of health and equity.”	“[...] noi peroriamo collettivamente la priorità della democrazia e dei diritti umani come condizioni essenziali per la Promozione della Salute e l’equità”.
2.2	“They have a role in advocating for the implementation and enforcement of progressive income tax policies to address health equity and strengthen the role of the State in promoting social policies.”	“Hanno un ruolo nel promuovere l’attuazione e il rafforzamento di politiche fiscali progressive per far fronte all’equità in salute, irrobustendo il ruolo dello Stato nella promozione di politiche sociali
2.3	“ Advocate recognition by other sectors of the impact their policies have on human health and well-being, affecting mainly vulnerable populations.”	“ Adoperarsi perché gli altri settori riconoscano l’impatto che le loro politiche hanno sulla salute umana e il benessere, specialmente per quel che riguarda le popolazioni vulnerabili.”
2.4	“We advocate that Citizens should be invited to: [...]”	“ Affermiamo che tutti i cittadini dovrebbero essere invitati a ...”
2.5	“[...] Citizens [...] exert their great transformative potential in mobilizing and advocating to local authorities the case to put health equity on their agendas in all policies.”	“[...] i Cittadini [...] esercitare il proprio grande potenziale di trasformazione per mobilitare e far pressione sulle autorità locali affinché includano l’equità in salute nella propria agenda in tutte le politiche”
2.6	“We further advocate that everyone...”	“Inoltre auspichiamo che tutti...”

and other game as Chess e.g., or it means playful, so the choice was made to translate it with the word “attori”, suggested by the

term “arena”, which was already present in the English text, and completes the scenario.

Table 2 - Full texts of Curitiba Declaration (English and Italian versions) / Tabella 2. Testi integrali della Dichiarazione di Curitiba (comune alle due lingue)

<p align="center">Curitiba Statement for Health Promotion and Equity</p>	<p align="center">Dichiarazione di Curitiba sulla Promozione della Salute e dell'equità</p>
<p align="center"><i>To assure Democracy and Human Rights in all countries around the world</i></p>	<p align="center"><i>Per assicurare la Democrazia e i Diritti Umani in tutti i paesi del mondo</i></p>
<p>The Curitiba Statement embodies a spirit of local and global commitment to democracy, equity, and justice. It promotes social rights and “health for all” in an inclusive and sustainable world.</p>	<p>La Dichiarazione di Curitiba incarna lo spirito di impegno locale e globale verso la democrazia, l'equità e la giustizia. Promuove i diritti sociali e la “salute per tutti” in un mondo inclusivo e sostenibile.</p>
<p>This Statement represents the voice of researchers, practitioners, social movement members and policymakers who participated in the 22nd IUHPE World Conference on Health Promotion, held in Curitiba, Brazil in May 2016.</p>	<p>Questa Dichiarazione rappresenta la voce dei ricercatori, professionisti, movimenti sociali e decisori politici che hanno partecipato alla 22° Conferenza Mondiale IUHPE - UIPES sulla Promozione della Salute, tenutasi a Curitiba, Brasile, nel Maggio 2016.</p>
<p>The Curitiba Statement articulates the recommendations of conference participants and focuses on how strengthening health promotion and improving equity, can improve people’s lives where ever they live, work, play and learn.</p>	<p>La Dichiarazione di Curitiba esprime le raccomandazioni dei partecipanti alla Conferenza e si focalizza su come il rafforzamento della Promozione della Salute e il miglioramento dell'equità possano migliorare la vita delle persone dovunque esse vivano, giochino e apprendano.</p>
<p>We want to issue a reminder that equity has been recognized as a pre-requisite for health and a key objective of health promotion for at least the past three decades. As the process for creating the Sustainable Development Goals is completed, we must recognize that the achievement of health equity is not a separate goal. Equity is the goal; continuing inequity in gender, race and ethnicity is a sign of system failure.</p>	<p>Vogliamo ricordare che l'equità è stata riconosciuta come un prerequisito per la salute e un obiettivo chiave per la Promozione della Salute per lo meno negli ultimi tre decenni. Via via che il processo di creazione degli Obiettivi dello Sviluppo Sostenibile si completa, dobbiamo riconoscere che il raggiungimento dell'equità in Salute non è un obiettivo a sé stante. L'equità è l'obiettivo; l'inequità protratta - di genere, razza, gruppi etnici - è un segno del fallimento del sistema.</p>
<p>Participants of the 22nd IUHPE World Conference on Health Promotion recognize their own role and that of global society in pursuing a common agenda and bonds of solidarity: we collectively advocate for the prioritization of democracy and human rights as essential conditions for the promotion of health and equity.</p>	<p>I partecipanti alla Conferenza Mondiale IUHPE – UIPES sulla Promozione della Salute riconoscono il proprio ruolo e quello della società globale nel cercare di raggiungere una agenda comune e vincoli di solidarietà: noi peroriamo collettivamente la priorità della democrazia e dei diritti umani come condizioni essenziali per la Promozione della Salute e l'equità.</p>
<p>All players involved in the international, national and local arena must try to work together to produce common directions that take into consideration their respective roles.</p>	<p>Tutti gli attori coinvolti nell'arena locale, nazionale e internazionale devono provare a lavorare insieme per emanare delle direttive comuni che tengano conto dei rispettivi ruoli.</p>
<p>We urge International Organizations to recognize that:</p>	<p>Chiediamo con forza alle Organizzazioni Internazionali di riconoscere che:</p>
<ol style="list-style-type: none"> 1. Austerity causes inequity: Health is a human right and should not be treated as a commodity. 2. A social and economic system that accelerates capital accumulation and results in extreme wealth concentration is inconsistent with achieving equity goals. 	

3. Many people live in a threatening and hostile environment; and there is a need to work towards the elimination of those corporate and work practices that harm health, damage the environment, and compromise social cohesion.

4. They have a role in advocating for the implementation and enforcement of progressive income tax policies to address health equity and strengthen the role of the State in promoting social policies.

We call for Governments at All Levels to:

5. Implement policies that promote gender and racial/ethnic equity as a main aim and use evaluation measures that account for distribution across those groups.

6. Recognize that citizen participation in health decisions is a right not a concession.

7. Use innovative strategies that strengthen and protect the universal right to health and the well-being of the people of the world at all times and especially during any financial crisis.

8. Enrich their understanding of the threats that affect vulnerable and marginalized populations.

9. Demonstrate better and more transparent use of politics and power.

We recognise that the Health Sector should:

10. Be ready to learn from other sectors.

11. Design effective health promotion policies and increase investments in the capacity of health promotion systems to implement them.

12. Advocate recognition by other sectors of the impact their policies have on human health and well-being, affecting mainly vulnerable populations.

We advocate that Citizens should be invited to:

13. Engage in critical reflection about their role as active participants in the exercise of citizenship.

14. Exert their great transformative potential in mobilizing and advocating to local authorities the case to put health equity on their agendas – in all policies.

We encourage Health Professionals and Researchers to:

15. Adopt new processes to achieve effective social participation, inclusion, intersectoral action and interdisciplinary approaches.

16. Recognize that the practice of health promotion is influenced directly and indirectly by politics and ideologies.

17. Use evidence as an instrument for positive social change. We need a science that is both compassionate and culturally sensitive.

18. Play a key role, through the use of effective interventions, in creating a supportive environment and working and living conditions that help ensure the people with whom they work can increase control and influence over the determinants of their health.

1. L'austerità causa iniquità: la Salute è un diritto umano e non deve essere trattato come una merce.

2. Un sistema sociale ed economico che accelera l'accumulo del capitale e determina una concentrazione estrema della ricchezza è incompatibile con il raggiungimento degli obiettivi di equità.

3. Molte persone vivono in un ambiente ostile e minaccioso; esiste la necessità di lavorare per eliminare le pratiche aziendali e lavorative che danneggiano la salute, abbiano un impatto negativo sull'ambiente e compromettano la coesione sociale.

4. Loro stesse hanno un ruolo nel promuovere l'attuazione e il rafforzamento di politiche fiscali progressive per far fronte all'equità in salute, irrobustendo il ruolo dello Stato nella promozione di politiche sociali.

Chiamiamo all'azione i Governi a tutti i livelli affinché:

5. Attuino politiche che promuovano l'equità di genere, razza ed etnia come principale obiettivo e usino misure di valutazione che rendano conto delle differenze tra questi gruppi.

6. Riconoscano che la partecipazione dei cittadini nelle decisioni sulla salute è un diritto, non una concessione.

7. Usino strategie innovative che rafforzino e proteggano il diritto universale alla salute e al benessere delle persone di tutto il mondo in ogni momento e specialmente durante le crisi economiche.

8. Accrescano la loro comprensione delle minacce che colpiscono le popolazioni emarginate e vulnerabili.

9. Dimostrino un uso migliore e più trasparente della politica e del potere.

Riconosciamo che il Settore Sanitario deve:

10. Essere disponibile a imparare dagli altri settori.

11. Ideare efficaci politiche di Promozione della Salute e aumentare gli investimenti nella capacità dei sistemi di Promozione della Salute di metterle in atto.

12. Adoperarsi perché gli altri settori riconoscano l'impatto che le loro politiche hanno sulla salute umana e il benessere, specialmente per quel che riguarda le popolazioni vulnerabili.

Affermiamo che tutti i Cittadini dovrebbero essere invitati a:

13. Impegnarsi in una riflessione critica sul proprio ruolo come partecipanti attivi nell'esercizio della cittadinanza.

14. Esercitare il proprio grande potenziale di trasformazione per mobilitare e far pressione sulle autorità locali affinché includano l'equità in salute nella propria agenda - in tutte le politiche.

Incoraggiamo i Professionisti della Salute e i Ricercatori a:

We further advocate that everyone – International organisations, Governments, the Health Sector, Health Professionals, Researchers and Citizens – should recognize:

19. Their influence in changing and eliminating all forms of discrimination and exclusion.
20. The potential and capacity of health promotion throughout the life course.
21. That health promotion goals will only be fully achieved by incorporating these four basic principles: equity, human rights, peace and participation.

15. Adottare nuovi processi per raggiungere partecipazione sociale efficace, inclusione, azione intersettoriale e approcci interdisciplinari.

16. Riconoscere che la pratica della Promozione della Salute è influenzata direttamente e indirettamente da politiche e ideologie.

17. Usare l'evidenza come strumento per un cambiamento sociale positivo. Abbiamo bisogno di una scienza che sia contemporaneamente compassionevole e sensibile alle diversità culturali.

18. Giocare un ruolo chiave, attraverso l'uso di interventi efficaci, nel creare un ambiente favorevole (alla salute) e condizioni di vita e di lavoro che aiutino a garantire che le persone con cui lavorano possano accrescere il controllo e l'influenza sui determinanti della propria salute.

Inoltre auspichiamo che tutti - Organizzazioni Internazionali, Governi, il Settore Sanitario, Professionisti della Salute, Ricercatori, Cittadini - dovrebbero riconoscere:

19. La propria influenza nel cambiare ed eliminare tutte le forme di discriminazione ed esclusione.

20. Il potenziale e il ruolo della Promozione della Salute durante tutto il corso della vita.

21. Che gli obiettivi della Promozione della Salute saranno pienamente raggiunti solo incorporando questi quattro principi fondamentali: equità, diritti umani, pace e partecipazione.

Discussion and conclusions

Due to the difficulty of translation, something not uncommon for Health Promotion Documents, we have wondered about the opportunity to draw upon the official conference documents in English, even when, as was the case in Curitiba, most of the participants in the Conference were not native English speakers. Native Neo-Latin languages speakers (Italian, French, Portuguese, Romanian, Spanish) are one of the largest language groups in the world, with a total of 819.5 million native speakers; all together, they would be the second largest linguistic group in the world, second only to Chinese (37).

Considering that in these countries there is a strong tradition of Health promotion and health education, one wonders whether a first draft of health promotion documents in Neo-

Latin languages would help translations, and thus wider understanding.

Among the key points of the Health Promotion stands the respect for cultural diversity; therefore, choosing to standardize all official documents in English, as an indisputable starting point, leads to critical issues of practical nature for the difficulty of translation and, consequently, makes it harder to make the message understandable. The translation of this Statement is a clear example, as one faces the choice of a literal translation in terms of its structure, but less faithful to its meaning, or a "unfaithful" translation for its structure, but consistent with its content. Given that the message has to be transversal and universal, i.e. addressed not only to professionals but to all citizens, it has been imperative to translate it applying weight to the content.

To spread the culture and practice of Health Promotion, it would be desirable that there is more attention and diligence given to translating international documents, so as to allow rapid propagation of ideas and strategies, from global to local, to create a change towards a fairer, and therefore healthier, world.

Riassunto

La Dichiarazione di Curitiba sulla Promozione della Salute e l'Equità: versione italiana e analisi delle criticità

Introduzione. La Dichiarazione sulla Promozione della Salute e l'Equità è il risultato principale della Conferenza mondiale dell'Unione Internazionale per la Promozione e l'Educazione della Salute (IUHPE - UIPES), tenutasi nel maggio 2016 a Curitiba. La Dichiarazione di Curitiba è frutto di un processo partecipativo, risultato dalla collaborazione di tutti i partecipanti alla Conferenza e si pone in continuità, a distanza di 30 anni, con la Carta di Ottawa per la Promozione della Salute. La Dichiarazione di Curitiba ricorda e chiede alle Organizzazioni Internazionali, ai Governi, a tutti i livelli delle Istituzioni, al Settore Sanitario, ai Cittadini e ai Professionisti della salute e ai Ricercatori di cambiare e eliminare tutte le forme di discriminazione e di esclusione.

Disegno dello studio. Descrizione del processo di traduzione e validazione del testo in lingua italiana.

Metodi: Nel processo di traduzione dallo spagnolo e dall'inglese ci si è avvalsi delle tecniche di traduzione enumerate da Fawcett nel 1997: calco, traduzione letterale, trasposizione, modulazione, riformulazione, adattamento.

Risultati. Il processo di traduzione ha posto alcuni problemi cruciali nel passaggio dall'inglese all'italiano: le parole e le espressioni più critiche corrispondano a quelle più significative della Dichiarazione di Curitiba, e questa difficoltà si riflette nella ricerca, nella politica e nella pratica. In particolare, è stata analizzata la traduzione di Inequity, Advocate e Players, contestualmente è stato discusso il loro utilizzo in diverse espressioni nel testo originale.

Conclusioni. Considerato che il messaggio della Dichiarazione di Curitiba è trasversale, non è infatti rivolto solo ai professionisti, ma a tutti i cittadini, si è scelta una traduzione linguisticamente chiara ai lettori italiani, non sempre somigliante alla forma del testo inglese, ma coerente e fedele nel contenuto. Per diffondere la cultura e la pratica della Promozione della Salute, è auspicabile

un'attenzione approfondita nella traduzione di documenti internazionali per consentire la propagazione di idee e strategie, dal livello globale al locale.

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